

**NORTH CAROLINA DIVISION OF MEDICAL ASSISTANCE
COMMUNITY ALTERNATIVE PROGRAM FOR PERSONS WITH
MENTAL RETARDATION/DEVELOPMENTAL DISABILITIES (CAP-MR/DD) **PROPOSED** FEE SCHEDULE**
Updated September 23, 2008

COMPREHENSIVE WAIVER TIER 2

Rate schedule is contingent upon CMS approval of CAP-MR/DD Waiver

| CAP-MR/DD Waiver Services | | | | |
|---------------------------|--|--------------|-------------------|---------------------|
| Procedure Code | Service Description | Billing Unit | Maximum Allowable | Rate Effective Date |
| S5102 | Adult Day Health Care Services | Day | \$ 41.51 | 1/1/2007 |
| V5336 | Augmentative Communication Devices - Repairs/Service | * | * | 10/1/2003 |
| T2028 | Augmentative Communication Devices-Purchase | * | * | 10/1/2003 |
| H0045HI | Crisis Respite | Day | \$ 299.99 | 11/1/2008 |
| H2011 | Crisis Services | 15 Min | \$ 6.04 | 10/1/2003 |
| T2021HQ | Day Support - Group (2 or more clients) | 15 Min | \$ 3.84 | 1/1/2007 |
| T2021 | Day Support - Individual | 15 Min | \$ 6.47 | 1/1/2007 |
| T1019 | Enhanced Personal Care | 15 Min | \$ 5.00 | 9/1/2005 |
| T1005 | Enhanced Respite Care | 15 Min | \$ 5.00 | 9/1/2005 |
| H2015HQ | Home and Community Support - Group (2 or more clients) | 15 Min | \$ 3.15 | 9/1/2005 |
| H2015 | Home and Community Support -Individual | 15 Min | \$ 5.65 | 9/1/2005 |
| S5165 | Home Modifications | * | \$ 15,000.00 | 9/1/2005 |
| T2033 | Home Supports - Level 1 | Day | \$ 91.33 | 11/1/2008 |
| T2014HI | Home Supports - Level 2 | Day | \$ 131.92 | 11/1/2008 |
| T2020HI | Home Supports - Level 3 | Day | \$ 152.22 | 11/1/2008 |
| T2033HI | Home Supports - Level 4 | Day | \$ 172.51 | 11/1/2008 |
| S5110 | Individual Caregiver Training and Education | 15 Min | \$ 9.00 | 10/1/2003 |
| H2023HQ | Long Term Vocational Supports - Group (2-3 clients) | 15 Min | \$ 1.84 | 11/1/2008 |
| H2023 | Long Term Vocational Supports - Individual | 15 Min | \$ 7.15 | 11/1/2008 |
| S5161 | PERS | Month | \$ 32.00 | 1/1/2007 |
| S5125 | Personal Care Services | 15 Min | \$ 3.72 | 1/1/2008 |
| H2016 | Residential Supports Level 1 | Day | \$ 91.33 | 11/1/2008 |
| T2014 | Residential Supports Level 2 | Day | \$ 131.92 | 11/1/2008 |
| T2020 | Residential Supports Level 3 | Day | \$ 152.22 | 11/1/2008 |
| H2016HI | Residential Supports Level 4 | Day | \$ 172.51 | 11/1/2008 |
| H0045 | Respite Care - Institutional | Day | \$ 222.96 | 10/1/2003 |
| T1005TE | Respite Care - Nursing Level LPN | 15 Min | \$ 9.31 | 1/1/2007 |
| T1005TD | Respite Care - Nursing Level RN | 15 Min | \$ 9.31 | 1/1/2007 |
| S5150HQ | Respite-Non Institutional Group (2-3 clients) | 15 Min | \$ 2.83 | 1/1/2007 |
| S5150 | Respite-Non Institutional Individual | 15 Min | \$ 3.72 | 1/1/2008 |
| T2025 | Specialized Consultative Service | 15 Min | \$ 18.75 | 10/1/2003 |
| T1999 | Specialized Equipment and Supplies | * | * | 10/1/2003 |
| H2025HQ | Supported Employment - Group | 15 Min | \$ 2.01 | 1/1/2007 |
| H2025 | Supported Employment - Individual | 15 Min | \$ 7.80 | 1/1/2007 |
| T2001 | Transportation | * | \$ 2,000.00 | 11/1/2008 |
| T2039 | Vehicle Adaptations | * | \$ 15,000.00 | 9/1/2005 |

* Billing procedures are in the specific CAP manual.

Note : Providers must bill their usual and customary charges.

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| Waiver Supplies | | Billing Unit | Maximum Allowable | Rate Effective Date |
|-----------------|---|--------------|-------------------|---------------------|
| Procedure Code | Service Description | | | |
| B4150 BO | Enteral formula nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit | 100 CAL | \$ 0.70 | 9/1/2007 |
| B4152 BO | Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5kcal/ml with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber administered through an enteral feeding tube 100 calories = 1 unit | 100 CAL | \$ 0.58 | 9/1/2007 |
| B4153 BO | Enteral formula nutritionally complete, hydrolyzed proteinins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit | 100 CAL | \$ 1.99 | 9/1/2007 |
| B4154 BO | Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism includes altered composition proteins fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feed | 100 CAL | \$ 1.27 | 9/1/2007 |
| B4155 BO | Enteral formula nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (E.G medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit | 100 CAL | \$ 0.99 | 9/1/2007 |
| B4157 BO | Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism includes proteins, fats, carbohydrates, vitamins & minerals, may include fiber, administered through an enteral feeding tube 100 calories = 1 unit | 100 CAL | \$ 1.19 | 9/1/2007 |
| B4158 BO | Enteral formula , for pediatric, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins & minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit | 100 CAL | \$ 0.65 | 9/1/2007 |
| B4159 BO | Enteral formula, for pediatric, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins & minerals may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit | 100 CAL | \$ 0.65 | 9/1/2007 |
| B4160 BO | Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 KCAL/ML) with intact nutrients, includes proteins, fats carbohydrates, vitamins & minerals may include fiber, administered through an enteral feeding tube, 100 calories - 1 unit | 100 CAL | \$ 0.55 | 9/1/2007 |
| B4161 BO | Enteral formula, for pediatric, hydrolyzed/amino acids & peptide chain proteins, includes fats, carbohydrates, vitamins & minerals, may include fiber, administered through an enteral feeding tube 100 calories = 1 unit | 100 CAL | \$ 1.87 | 9/1/2007 |
| B4162 BO | Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through and enteral feeding tube, 100 calories = 1 unit | 100 CAL | \$ 1.19 | 9/1/2007 |

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